DECLARATION	AND POW	FROF A	TTORNEY	IISA/PCT
	TATAN I O'RE			USM/PUI

As a b	elow named inventor, I hereby declare that:		ital of the folia.	AL USAVIVI
N P D	My residence and Citizenship are as stated belo	ow my name. My P.O. (mailing) add	ress is the same as my residence	unless otherwise stated.
O , , (19)	verily believe I am/we are the original, first and verily believe I am/we are the original, first and verily believe I am/we are the original, first and verily believe I am/we are the original, first and verily believe I am/we are the original, first and verily believe I am/we are the original, first and verily believe I am/we are the original, first and verily believe I am/we are the original, first and verily believe I am/we are the original, first and verily believe I am/we are the original and the	nd sole/joint inventor(s) of the subjec FO MAKE SYNTHETIC LEATHE	t matter that is embraced by and the AND SVNTHETIC LEATH	FR MADE THEREFROM
		ached hereto ().		
DEC 0 8 2003	(check one) 🛛 was f	iled on <u>June 27, 2003</u> a		
		ication No. 10/609,179		
	and w	vas amended on		
PADEMARY	I hereby state that I have reviewed and underst	and the contents of the above identifi	ed specification, including the cla	aims, as amended by any amendment
MADEN	referred to above.		ou operu,	
(d)	I acknowledge my duty under 37 CFR 1.56 to o			
	as defined in 37 CFR 1.56(b). If this application			
	material to patentability as defined in 37 CFR in part (f) below, and the national or PCT inten	` '		ecation from which priority is claimed
(e)				ent or inventor's certificate listed
(,)	below or §365(a) of any PCT international app			
•	identify below any other foreign equivalent app	-	ficate or any other equivalent PC	T international application having a
	filing date before that of the application on whi	ich priority is claimed:		
	PRIOR FOREIGN APPI	LICATION(S)	PRIORITY CLAIMED	CERTIFIED COPIES INCL.
	Number Country or PCT	Day/Month/Year Filed	·	
	Additional claims for benefit are attached.			
(6)	I hereby Claim the benefit under 35 U.S.C. §119	Na) of any United States provisional	annliantian(a) listed helow or un	der 25 II S.C. 8120 of any United
(1)	States application(s), or under § 365(c) of any Pe			
	states approached (e), or ander § 505(e) or any 1.	or moment approach ausignati		The state of the s
•	US or PCT Appln. Serial No.	Filing Date	Status at Application	n Filing Date
	Additional claims for benefit are attached			
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	I hereby appoint the attorney(s) and/or agent(s)			ansact all business in the Patent and
	Trademark Office connected therewith. Address	ss all correspondence toappointed cou	insel at:	
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	ppointment, including the right to delegate this ap		ne extent it is applicable under th	ne laws of the United States of America to
any pr	occedings established by the Patent Cooperation	Γreaty.		
I herel	by declare that all statements made herein of my o	own knowledge are true and that all st	atements made on information ar	nd belief are believed to be true: and further
	ese statements are made with the knowledge that			
1001 a	nd that such willful false statements may jeopard	ize the validity of the application or a	my patent issued thereon.	•
	Inventor(s):			
	0.11 (4 2070.0	.1.4	Facesant	TX 77541 USA
	At: Dalton, GA 30720	At:	182201-	77
	this 2 day of November	, 20_ <u>0_3</u> this _	18 day of November	· , 20 <u>03</u>
	- 10 late 10 all 1 Al	Nan		
	Signature: WART WIND	Signa	iture(Sowa -	
	Full Name: Larry Wayne Mobiey	1	Name: Ramki Subrama	
	Residence: 4404 Honeysuckle Lane	Resid	lence: 3918 Karrywood	
	Country: Country: United States of America	a Coun	Pearland, Texas try: United States of	
	Citizenship: United States of America		enship: United States of	
	P. O. Address: Same as Residence	,	Address: Same as Residen	ice
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	this 30 day of 00 fb bec		5th day of Novem	<u>6er</u> , 20 <u>03</u>
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	Signature: whether	pural sions	ature:	
	Full Name: Kenneth W. Skaggs		Name: Weijun Chou	
	Residence: 116 Arrowwood Street		lence: 15415 Conifer B	Say Court
	Lake Jackson, Texas 775		Houston, Texas	
	Country: United States of America	Į.	•	America
	Citizenship: United States of America		enship: China	200
	P. O. Address: Same as Residence	P. O.	Address: Same as Resider	ICC
M vqq	itional names and cignatures are attached			

Signature: Full Name: Roger Moore Full Name: Debkumar Bhattachariee Residence: 4700 Stringfellow #1017 Residence: 54 Waterlily Court City, State, Zip: Lake Jackson, Texas 77566 City, State, Zip: San Antonio, Texas 78223 Country: **United States of America** Country: **United States of America** Citizenship: United States of America Citizenship: United States of America P. O. Address: Same as Residence P. O. Address: Same as Residence __day of __ Signature:__ Signature:_ Full Name: Full Name: Residence: Residence: City, State, Zip: City, State, Zip: Country: Country: Citizenship: Citizenship: P. O. Address: P. O. Address: ___ day of __ day of ___ this ___ Signature:_ Signature:__ Full Name: Full Name: Residence: Residence: City, State, Zip: City, State, Zip: Country: Country: Citizenship: Citizenship: P. O. Address: P. O. Address: Signature:_ Signature:_ Full Name: Full Name: Residence: Residence: City, State, Zip: City, State, Zip: Country: Country: Citizenship: Citizenship: P. O. Address: P. O. Address: